

MARGIN RESERVED FOR BINDING.
WRITE FULLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 176

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 8 Warrior Canyon Ward _____

2. Full name of child

Myrum Campbell (If birth occurred in a hospital or institution, give its NAME instead of street and number)
[If child is not yet named, make supplemental report, as directed.]

3. Sex of Child

male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth July 12, 1925
Month Day Year

8. FATHER

Full name Style Campbell

9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Chihuahua, Mex.
(State or country)

13. Occupation
Nature of industry Miner

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7
(b) Born alive but now dead 1
(c) Stillborn _____

14. MOTHER

Full maiden name Rafaela Samora

15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 27 (Years)

18. Birthplace (city or place) St. John, Ariz.
(State or country)

19. Occupation
Nature of industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 10:30 A. M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Ariz.
Month, day, year _____ Filed July 30, 1925 P. E. Irwin
Registrar Registrar